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PTO/SB/50 (02-01)
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:	Attorney Docket No.	P04487US0	
	First Named Inventor	HANSEN, Richard	
Assistant Commissioner for Patents Box Reissue	Original Patent Number	6,290,980	
Washington, DC 20231	Original Patent Issue Date (Month/Day/Year)	September 18, 20	
	Express Mail Label No.	EV 298921616 US	
APPLICATION FOR REISSUE OF: (Check applicable box)	Design Patent	Plant Patent	
APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS		
1. Ex Fee Transmittal Form (PTO/ SB/ 56) (Submit an original, and a duplicate for fee processing) 2. Ex Applicant claims small entity status. See 37 CFR 1.27.	10. Statement of status to the claims. See 3 11. Original U.S. Patent		
3. Specification and Claims in double column copy of patent format (amended, if appropriate)	Ribboned Original Patent Grant		
4 X Drawing(s) (proposed amendments, if appropriate)	X Statement of Loss	s (PTO/SB/55)	
5. Reissue Oath/Declaration (original or copy)	12. Foreign Priority Clai	m (35 U.S.C. 119)	
6. X Power of Attorney	13. Information Disclose Statement (IDS)/PT	100 100 000 000 000	
7. Original U.S. Patent currently assigned? X Yes No	English Translation of Reissue Oath/Declaration		
(If Yes, check applicable box(es))	(if applicable)		
Written Consent of all Assignees (PTO/SB/53)	15. X Preliminary Amendment		
37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	Return Receipt Postcard (MPEP 503)		
8. CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	17. Other:		
Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)			
a. Computer Readable Form (CFR)			
b. Specification Sequence Listing on: i □ CD-ROM (2 copies) or CD-R (2 copies); or ii □ paper c. □ Statements verifying identity of above copies			
18. CORRESPONDENCE AL	DDRESS		
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	Registration No. (Attorney/Agent) 2	4,741	
NAME (Print)Type) Edmund J. Sease		21 2002	

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Docket Number (Optional) REISSUE APPLICATION FEE TRANSMITTAL FORM P04487US0 Claims as Filed - Part 1 Claims in Number Filed in (3) Small Entity Other than a Small Patent Reissue Number Extra Entity Application Rate Rate **Total Claims** *** 7 63.00 27 (A) 14 (37 CFR 1.16(j)) (B) Independent claims 126.00 (37 CFR 1.16(i)) 3 or (C) 3 (D) 6 Basic Fee (37 CFR 1.16(h)) s 370.00 Total Filing Fee _{\$}529.00 OR Claims as Amended - Part 2 (1) (3) Small Entity Other than a Small Entity (2)Highest Number Claims Remaining Extra Rate Fee Fee After Amendment Previously Claims Paid For Present **Total Claims** MINUS (37 CFR 1.16(j)) X \$ Independent Claims (37 CFR MINUS x \$ xS 1.16(i)) **Total Additional Fee** OR \$ * If the entry in (D) is less than the entry in (C), Write "0" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancellation of claims. **** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. in the amount of A duplicate copy of this sheet is enclosed. The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 26-0084 A duplicate copy of this sheet is enclosed. A check in the amount of \$ __529.00

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Payment by credit card. Form PTO-2038 is attached.

Edmund J. Sease

to cover the filing/additional fee is enclosed.

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REISSUE PATENT APPLICATION	Docket Number (Optional)
STATEMENT AS TO LOSS OF ORIGINAL PATENT	P04487US0
	101101000
I hereby state that:	
I am the applicant for a reissue patent based on the original patent identified	d below.
Name of Inventor(s)/Assignee(s)	
Richard D. Hansen	
Patent Number 6, 290, 980	
Title of Invention PACKAGING AND METHOD FOR SOLID DOSE ADMINISTRAT:	ION OF MEDICAMENTS
Reissue application number (if known)	ion of habitoralines
The ribboned original patent grant is lost or inaccessible.	
Signature S 7	
Typed or printed name Date,	
Typed or printed name Richard D. Hansen Date 7/15/07	
Title (e.g., inventor(s), officer of assignee)	
V.P., R & D	

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